

UNITED STATES DISTRICT COURT  
WESTERN DISTRICT OF WASHINGTON

HOSSEIN TAVAKOLI and POURANDOK  
SHAHNIAN, a married couple, and the marital  
community composed thereof,

Plaintiff,

vs.

ALLSTATE PROPERTY and CASUALTY  
INSURANCE COMPANY, an Illinois  
Company Doing Business in the State of  
Washington,

Defendant.

Cause No. 2:11-cv-01587-RAJ

**DECLARATION OF KYLE C. OLIVE IN  
SUPPORT OF PLAINTIFFS' RESPONSE  
TO DEFENDANT'S MOTIONS IN  
*LIMINE***

I, KYLE C. OLIVE, declare that the following is true and correct:

1. I am an attorney at OLIVE|BEARB & GRELISH, PLLC, and counsel of record for Plaintiffs in the above-captioned matter. I am over the age of eighteen and competent to testify in the matters set forth below.

2. Attached to this declaration are true and correct copies of the following:

**Exhibit 1:** Excerpts from the deposition of Hossein Tavakoli, taken on July 31, 2012, including pages 1, 2, 20, 21, 40-44, 187, 196 and 197.

**Exhibit 2:** Excerpts from the deposition of Pourandok Shahnian, taken on July 31, 2012, including pages 1 and 10.

**Exhibit 3:** Excerpts from the Report of Richard E. Seroussi, MD, M.Sc.



# Exhibit 1



UNITED STATES DISTRICT COURT  
WESTERN DISTRICT OF WASHINGTON  
AT SEATTLE

HOSSEIN TAVAKOLI and )  
POURANDOK SHAHNIAN, a married )  
couple, and the marital )  
community composed thereof, )  
Plaintiffs, )  
vs. ) No. 2:11-cv-01587-RAJ  
ALLSTATE PROPERTY AND )  
CASUALTY INSURANCE COMPANY, )  
an Illinois Company Doing )  
Business in the State of )  
Washington, )  
Defendant. )

Deposition Upon Oral Examination  
of  
HOSSEIN TAVAKOLI

9:03 a.m.

July 31, 2012

1218 3rd Avenue, Suite 1000

Seattle, Washington

Kristin L. Mattsen, CCR

Moburg, Seaton & Watkins 206-622-3110  
2033 Sixth Ave., Ste. 826

Court Reporters  
Seattle, WA 98121



## 1 APPEARANCES

## 2 FOR THE PLAINTIFFS:

3 KYLE C. OLIVE  
4 Attorney at Law  
5 OLIVE BEARB PLLC  
6 1218 3rd Avenue  
7 Suite 1000  
8 Seattle, Washington 98101  
9 kyle@olivebearb.com

## 10 FOR THE DEFENDANT:

11 GAVIN W. SKOK  
12 Attorney at Law  
13 GREGORY T. EUTENEIER  
14 Attorney at Law  
15 RIDDELL WILLIAMS P.S.  
16 1001 Fourth Avenue Plaza  
17 Suite 4500  
18 Seattle, Washington 98154-1065  
19 gskok@riddellwilliams.com  
20 geuteneier@riddellwilliams.com

## 21 THE COURT REPORTER:

22 KRISTIN L. MATTSSEN, CCR  
23 MOBURG, SEATON & WATKINS  
24 2033 Sixth Avenue  
25 Suite 826  
Seattle, Washington 98121

## ALSO PRESENT:

POURANDOKHT SHAHNIANI  
TONY WYCHE

Moburg, Seaton & Watkins 206-622-3110  
2033 Sixth Ave., Ste. 826

Court Reporters  
Seattle, WA 98121

1 Q. What did your wife -- what were your wife's  
2 duties at Saffron Kabobs?

3 A. Supervising, overseeing the kitchen. We both  
4 shared, you know, the duties. It was a family  
5 restaurant; so --

6 Q. Were those duties that you just described for  
7 you and your wife roughly the same from the time you  
8 opened it in 2006 to the time you closed Saffron Kabobs  
9 in 2011?

10 A. Same duties, yeah.

11 Q. Did Saffron Kabobs have any employees?

12 A. Yes.

13 Q. How many?

14 A. At some time we had two, sometimes one,  
15 sometimes three.

16 Q. What determined the number of employees you  
17 had?

18 A. In any business you have employees, that's  
19 the big -- one of the challenges, you know. Employees  
20 quit. At times you're fully staffed. At times they  
21 quit. At times you cannot afford to pay or hire someone  
22 to help you through -- you know, with your duties.

23 Q. Did the downturn in the economy that occurred  
24 over the last few years result in Saffron Kabobs being  
25 unable to hire additional employees or having to let any



1 employees go?

2 MR. OLIVE: Object to the form.

3 You can answer.

4 THE WITNESS: That was one of the  
5 reasons also.

6 Q. (BY MR. SKOK) What were other reasons?

7 A. My physical condition, my condition.

8 Q. How did your physical condition lead to loss  
9 of employees or an inability to hire employees?

10 A. I couldn't keep up with my work.

11 Q. So why not hire another employee to assist?

12 A. We couldn't afford it.

13 Q. Let's go back to when you opened Saffron  
14 Kabobs. Did you own the space it was in, or was that  
15 space leased?

16 A. Leased.

17 Q. Who did you lease it from?

18 A. From Cornell Quality Construction Company.

19 Q. How long was that lease for?

20 A. For five years.

21 Q. So it expired in 2011?

22 A. Yes.

23 Q. Was there a renewal provision in that lease?

24 A. Yes.

25 Q. What were the terms of that renewal



1 A. Yes, she did.

2 Q. Did she find any?

3 A. No.

4 Q. Is she currently employed?

5 A. No.

6 Q. Has she been employed since Saffron Kabobs  
7 was sold?

8 A. Yeah.

9 Q. Where did she work?

10 A. She worked for Pier 1.

11 Q. When did she work there?

12 A. This last year, I think.

13 Q. Just in 2011 or 2012?

14 A. I think so.

15 Q. Any other employment that she's had since  
16 Saffron Kabobs closed?

17 A. Not that I remember.

18 Q. What are you -- what's your current  
19 employment?

20 A. Employment?

21 Q. What do you do for a job right now?

22 A. I work for Toyota of Seattle. I sell cars.

23 Q. How long have you been doing that?

24 A. Since last year, mid -- last year.

25 Q. How is that going?

1 A. Not really good.

2 Q. Are you a commissioned-only employee, or do  
3 you have a salary or both?

4 A. There's a minimum wage per hour or  
5 commission, whichever's greater.

6 Q. What do you typically receive?

7 A. The minimum wage.

8 Q. Has it been the same pay structure since the  
9 time you started there in mid-2011?

10 A. Yes.

11 Q. Do you received benefits as well? Any kind  
12 of health insurance, retirement, anything?

13 A. No.

14 Q. No benefits at all?

15 A. Nope.

16 Q. Have you had any other employment since  
17 Saffron Kabobs was closed?

18 A. I worked for Evergreen Ford for a short  
19 period of time.

20 Q. What did you do there?

21 A. Sold cars.

22 Q. What was their pay structure?

23 A. Same.

24 Q. Other than your employment at Evergreen Ford  
25 or Toyota of Seattle and your wife's employment at



1 Pier 1, have you had any other sources of income since  
2 Saffron Kabobs was closed?

3 A. No.

4 Q. Can you estimate --

5 A. Not that I remember, no.

6 Q. Can you estimate for me what's been your  
7 income, your annual income, since the closing of Saffron  
8 Kabobs?

9 A. We -- we've lived on that \$25,000 I've  
10 received from Saffron Kabobs' sale.

11 Q. Did you file tax returns for 2011?

12 A. Yes.

13 Q. Do you recall what your adjusted gross income  
14 was on there?

15 A. It was a negative amount.

16 Q. Negative, meaning you got a tax refund?

17 A. Yes.

18 Q. What about -- do you recall what your total  
19 income was for 2011? You received some from the sale of  
20 Saffron Kabobs, and it sounds like you received some  
21 from Evergreen Ford or Toyota of Seattle, and you may  
22 have received some from Pier 1. Can you tell me  
23 generally what that number is?

24 A. I don't remember.

25 Q. Can you ballpark it? More than 50,000? More



1     than 100,000?

2             A.    No.  I think it's less than 50,000.

3             Q.    How many -- how many hours a week do you work  
4     at the Toyota dealership?

5             A.    About 50, 55, 50 hours.

6             Q.    What are your job duties there?

7             A.    Sell -- car sales.

8             Q.    Are you up on your feet out in the lot,  
9     talking with customers?

10            A.    Yes.  A lot of times, and then we get to sit  
11    down also.

12            Q.    How many days a week do you work?

13            A.    Five days.

14            Q.    At any point after you sold Saffron Kabobs,  
15    did you consider applying for unemployment benefits?

16            A.    Yes.

17            Q.    Did you do so?

18            A.    I think so.  I think I did.

19            Q.    When did you apply for unemployment benefits?

20            A.    You're asking me the dates and questions that  
21    I -- I don't remember.

22            Q.    How about in real general terms?  I just --  
23    I'm trying to help myself build a -- build a picture  
24    when -- when something might have happened.

25                   At some point after you sold Saffron Kabobs,

1 you applied for unemployment benefits?

2 A. I think I did, and I was turned down, if I  
3 believe.

4 Q. How come?

5 A. Because we had some saving or our car was  
6 worth more or, you know, all these qualifications that  
7 they require.

8 Q. Did you apply for any other kind of  
9 assistance from the State, whether it's something like  
10 food -- food assistance, or food stamps, or any kind of  
11 low- -- low-cost state health insurance, anything like  
12 that?

13 A. Yes, we have.

14 Q. What have you applied for?

15 A. Applied for food stamps, and we are on state  
16 insurance right now, which we're not proud of.

17 Q. When did you apply for the food stamps?

18 A. A few months ago.

19 Q. And did you qualify?

20 A. Yeah. We received food stamps for -- for a  
21 few months.

22 Q. Are you receiving them now?

23 A. No.

24 Q. How come?

25 A. Because my --



1 A. Yes.

2 Q. Other than not paying you the \$250,000 limits  
3 on your insurance policy, do you feel that Allstate did  
4 anything else wrong toward you after your accident?

5 A. Yes.

6 Q. What?

7 A. By not paying it, they caused suffering for  
8 my family, for my wife, for my children.

9 Q. How did they do that?

10 A. Because it caused a lot of pressure and  
11 stress in our lives through me. Why do they have to  
12 suffer for it?

13 Q. Would having them paid -- your policy limits,  
14 by Allstate -- have changed that in some way?

15 MR. OLIVE: Object to the form.

16 You can answer.

17 THE WITNESS: Would have been able to  
18 hire employees, chef, help, you know, the support or  
19 even -- even been able to probably take time off from  
20 work and help, hopefully, get better.

21 Q. (BY MR. SKOK) Is there some point in time  
22 when you believe that Allstate should have paid you the  
23 policy limits after your accident?

24 A. Is there some point?

25 Q. Yes. When -- when do you believe Allstate



1 the words "As a consequence."

2 Do you see where I'm at?

3 A. Yes.

4 Q. The second sentence of the second paragraph  
5 on page 12 of Exhibit 8 says:

6 "This damage of the loss of society and  
7 companionship (or loss of consortium), began  
8 on the date of the collision and was  
9 exacerbated by Allstate's refusal to pay  
10 benefits owed under the policy to her  
11 husband, thereby preventing him from  
12 recovering from the loss."

13 Do you see that?

14 A. Yes.

15 Q. How did not receiving underinsured motorist  
16 benefits prevent you from recovering from losses that  
17 began on the date of the collision?

18 MR. OLIVE: Object to the form. Asked  
19 and answered.

20 You can answer.

21 THE WITNESS: Would you repeat your  
22 question.

23 Q. (BY MR. SKOK) Sure. I'm just trying to  
24 figure out -- how did not getting paid -- well, do you  
25 believe that not getting paid by Allstate under your

1 underinsured motorist coverage yet somehow prevented you  
2 from recovery from any loss of society or companionship  
3 or loss of consortium caused by the accident?

4 MR. OLIVE: Same objection.

5 You can answer.

6 THE WITNESS: The injuries are lifetime  
7 injuries.

8 Q. (BY MR. SKOK) So whether or not you were  
9 paid on day 1 or day 200, those injuries are still going  
10 to be there; right?

11 A. Well, as a consequence -- not only the  
12 health, you know, and the body injuries but business --  
13 it put more pressure -- I couldn't do my -- my regular  
14 job. I could not keep up with my work. And because of  
15 that, we suffered. We -- the business suffered. The  
16 personal life suffered. My family suffered.

17 Q. Were you ever unable to seek additional  
18 healthcare treatment because you didn't receive payment  
19 from Allstate yet?

20 A. Yeah. Health -- yeah.

21 Q. What healthcare treatment?

22 A. I mean I didn't have -- I couldn't afford to  
23 pay for health care anymore --

24 Q. When did that happen?

25 A. -- after -- what was it? About a year



# Exhibit 2



UNITED STATES DISTRICT COURT  
WESTERN DISTRICT OF WASHINGTON  
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POURANDOK SHAHNIAN, a married )  
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Plaintiffs, )  
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ALLSTATE PROPERTY AND )  
CASUALTY INSURANCE COMPANY, )  
an Illinois Company Doing )  
Business in the State of )  
Washington, )  
Defendant. )

Deposition Upon Oral Examination

of

POURANDOKHT SHAHNIANI

2:52 p.m.

July 31, 2012

1218 3rd Avenue, Suite 1000

Seattle, Washington

Kristin L. Mattsen, CCR

Moburg, Seaton & Watkins 206-622-3110  
2033 Sixth Ave., Ste. 826

Court Reporters  
Seattle, WA 98121

1 know the average but not for sure or exact number.

2 Q. Did you observe any kind of trend in the  
3 amount of business that Saffron Kabobs was doing over  
4 the years? Were you -- were you doing more business or  
5 less business as the years went on?

6 A. We did wonderful for a start, you know. From  
7 day we begin -- we open the door, it was so good.  
8 Business was so good, very good. But -- we had a good  
9 business, actually. But after Hossein's accident, not  
10 just the sales came down. We had so much problem  
11 together. That's why we couldn't continue. We had a  
12 fight all the time in the restaurant in front of our  
13 employees, our children.

14 You know, it wasn't easy for me to work in  
15 the restaurant. He was in the pain. I was --  
16 emotionally, I was in bad pain. You know, that was a  
17 big problem for continuing that business. And we  
18 couldn't afford to hire manager or chef to just let him  
19 go, stay home, and I do the business by myself.

20 Q. Okay. How would you describe your husband's  
21 physical condition before the accident?

22 A. He was a wonderful husband, father. He was  
23 so nice to me, my children. We had so much fun  
24 together. We never -- we have -- I can't say we never  
25 had an "argue" because for -- every husband and wife,



# Exhibit 3

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**Richard E. Seroussi M.D., M.Sc.**  
**Diplomate, American Board of PM&R with subspecialty certification in Pain Medicine.**  
**Diplomate, American Board of Electrodiagnostic Medicine.**  
**SEATTLE SPINE & SPORTS MEDICINE**  
3213 Eastlake Ave East, Suite A Seattle, WA 98102  
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**REPORT BY RICHARD SEROUSSI, M.D., M.Sc.**  
**PURSUANT TO FRCP 26(A)(2)(B) REGARDING HOSSEIN TAVAKOLI,**  
**CASE NO. 2:11-cv-01587-RAJ, TAVAKOLI V. ALLSTATE, UNITED STATES**  
**DISTRICT COURT, WESTERN DISTRICT OF WASHINGTON,.**

**FRCP 26(A)(2)(B)(i):**

**Opinions:**

Mr. Hossein Tavakoli sustained the following injuries as a result of the October 9, 2007 motor vehicle crash on a more probable than not basis, unless otherwise stated:

1. **Postconcussive syndrome, with higher-level cognitive deficits, confirmed by prior neuropsychological testing.**
2. **Post-traumatic dizziness, further workup per neuro-otolaryngology.**
3. **Probable reactive and appropriate dysphoria, secondary to chronic pain, loss of function, and possible effects from traumatic brain injury, with behavioral changes noted by available history.**
4. **Cervical injury with probable left worse than right underlying joint injury, without radiculopathy, further workup unavailable.**
5. **Post-traumatic headache, likely cervicogenic and/or postconcussive.**
6. **Lumbar injury with probable underlying joint injury and a component of mild left lumbar radiculopathy, without clear resolution.**
7. **Probable centrally mediated and myofascial components of pain, associated with the above injuries.**
8. **Decreased functional status secondary to the above with decreased vocational potential.**

**Basis for Diagnoses:**

Mr. Tavakoli has a number of medical problems from his injuries due to the motor vehicle crash on 10/9/07. As a medical doctor with an active practice specializing in physiatry, I rely in part



	<p>2.0 to 6.0 kHz. Absent OAEs, 0.5 to 1.0 kHz, 2.0 to 4.0 kHz, 4.0 to 6.0 kHz right side.</p> <p>1/28/08: Note from Dr. Schiff of neurology. Previously reviewed elsewhere.</p> <p>11/27/07: Initial evaluation of Dr. Schiff. Previously reviewed elsewhere.</p> <p>3/31/08: Dizziness inventory worksheet. Handwritten on preprinted form, filled out by patient. Patient indicates that his eyes tear frequently. He indicates that he avoid heights because of his problem. He indicates that quick movements increase his problem. He indicates that he is afraid people may think he is intoxicated because of his problem. He indicates it is difficult for him to walk around in the house in the dark because of his problem. Total score on this form is 5 yes, 19 no, 1 sometimes.</p> <p>3/31/08: Acknowledgement of receipt of notice of privacy practices. This is reviewed.</p> <p>Disclosure opt-out form. This is reviewed.</p> <p>4/30/08: Patient statement, Puget Sound Hearing and Balance. This is reviewed.</p> <p>Health insurance claim form. This is reviewed.</p>
3/30/09	<p><b>EXHIBIT 11: PIYALE COMERT, PHD, CHART NOTES AND BILLING</b></p> <p>3/31/09: (2.5) Neuropsychological evaluation report.</p> <ul style="list-style-type: none"> <li>Reason for referral is stated as motor vehicle accident 17 months prior to this evaluation. Neuropsychological evaluation was requested by Dr. Seroussi to clarify the current status of the patient's cognitive and emotional function, the nature and the most probable etiology of his symptoms, their functional implications, and the most appropriate treatment.</li> <li>There is a brief review of medical records.</li> <li>Patient continues to report pain in his back and left knee. He states he is unable to do the physical work he used to do. He notes that he cannot work as productively as he used to, mainly due to physical constant pain. His wife notices that he gets angry more quickly. Patient reports that his vision has changed since the accident. Patient's wife is quoted as saying the patient's attitude changed. He is not nice like before.</li> <li>Patient reports falling out of a car at the age of 5 or 6 because there were too many children in the car. The door opened and he fell out.</li> <li>At the age of 19, he was assaulted in Miami, Florida, resulting in broken facial bones because he was repeatedly hit with a leather pouch with iron sawdust in it. He does not recall how he got home after that incident. He was hospitalized for two to three weeks and underwent facial reconstruction. He denies any cognitive changes from that trauma.</li> <li>Patient also indicates previous left ankle surgery.</li> <li>Tests administered: Reitan-Klove sensory perceptual exam, finger tapping test, WAIS-3, trail making test, paced auditory serial addition test, WMS-3, category test, WCST, COWAT, Rey-Osterreith complex figure, Green memory test, MMPI-2, clinical interview.</li> <li><b>Summary and diagnostic impression:</b> <ul style="list-style-type: none"> <li><b>The patient is experiencing decreased speed of information processing.</b></li> </ul> </li> </ul>

	<p>some insufficiency in his attention and concentration skills, significant deficit in verbal memory, difficulty in complex problem solving, and significant levels of depression and anxiety.</p> <ul style="list-style-type: none"> <li>○ Fatigue, diminished stamina, and physical pain adversely affect his cognitive and emotional status.</li> <li>○ His cognitive difficulties are consistent with sequelae of concussion. His determination appears to have been stripped away by significant depression and his physical and cognitive challenges, making it difficult for him to work hard at this time.</li> <li>○ Inability to work hard leads to further depression and anxiety.</li> <li>○ Note goes on to indicate that the patient's functioning changed significantly after his accident 17 months ago. He had previously found a way to function well despite his previous trauma but this appears to have been disrupted by sequelae of the October 2007 accident.</li> </ul> <p><b>Diagnoses:</b></p> <ul style="list-style-type: none"> <li>• <b>Axis I:</b> Major depressive disorder, single episode, moderate-to-severe; cognitive disorder, NOS.</li> <li>• <b>Axis II:</b> Deferred.</li> <li>• <b>Axis III:</b> Status post motor vehicle accident in October 2007.</li> <li>• <b>Axis IV:</b> Problems with primary support group, occupational problems.</li> <li>• <b>Axis V:</b> GAF: 50.</li> </ul> <p><b>Treatment recommendations:</b></p> <ul style="list-style-type: none"> <li>• Psychiatric medical consultation is strongly recommended to issues related to anxiety and depression. Increased alcohol intake should be addressed during psychiatric evaluation.</li> <li>• Vision problems should be checked by a neuroophthalmologist.</li> <li>• Specific pain-coping strategies are recommended.</li> <li>• Couples therapy is recommended.</li> <li>• Patient is encouraged to follow up on physical therapy recommendations from other providers.</li> <li>• He is strongly encouraged to consult with his wife, trusted professionals, and/or friends when making a decision with significant ramifications such as financial/vocational decisions, etc. Without such consultation, he is vulnerable to making decisions that may not be in his own and his family's best interest.</li> <li>• If he does not experience improvement in his symptoms after depression and fatigue have been adequately addressed, cognitive therapy should be considered.</li> <li>• The patient is recommended to follow up on his kidney cysts that were discovered on MRI approximately two years ago.</li> </ul> <p>10/5/09: Billing sheets from neuropsychological evaluation. These are reviewed.</p>
--	--



# Exhibit 4



August 2, 2012

Joseph W. Moore  
Olive Bearb PLLC  
1218 Third Ave., Ste. 1000  
Seattle, WA 98101-3290

Re: Hossein Tavakoli  
DOB: March 25, 1960  
DOI: October 9, 2007

Dear Mr. Moore:

Thank you for referring Hossein Tavakoli for a vocational assessment and recommendations. Mr. Tavakoli was interviewed and tested in my Bothell Office on July 12, 2012. In performing my work, I have reviewed records from Richard Seroussi, M.D., State of Washington Police Traffic Collision Report, King County Medical Incident Report Form, Tri-Med Ambulance Records, Valley Medical Center, Bellevue Chiropractic Group, Consolidated Imaging, Stan Schiff, M.D., Ph.D., Puget Sound Hearing & Balance, Piyale Comert, Ph.D., Seattle Spine & Sports Medicine, Group Health and a Physical Capacities Evaluation completed by Theodore J. Becker, Ph.D., RPT.

It is not my intention to restate these records in their entirety for the purposes of this report. The medical records describe multiple injuries Mr. Tavakoli sustained in a motor vehicle accident, which occurred on October 9, 2007. Mr. Tavakoli sustained injuries to his head, neck, back and knee in this accident. He received chiropractic treatment and massage with little relief. He continues to experience pain in his knee, low back, mid back, neck and shoulders.

Mr. Tavakoli began treating with Dr. Schiff a few months after his accident, due to ongoing pain, dizziness and headaches. Dr. Schiff diagnosed post-traumatic headaches; cervical, thoracic and lumbar strain and sprain, as well as a closed head injury with persistent tinnitus and dizziness occasionally.

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Burien, WA 98166 • (206) 243-1300  
Fax: (206) 243-0366

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Fax: (509) 325-7666

Aberdeen Office • 101 E. Market St. Ste 520A  
Aberdeen, WA 98520 • (360) 637-4024  
Fax: (360) 352-5417



Mr. Tavakoli participated in a neuropsychological evaluation with Piyale Comert in March of 2009. Dr. Comert's impressions included decreased speed of information processing, insufficiency in attention and concentration, difficulty in complex problem solving and significant levels of depression and anxiety.

Dr. Seroussi has diagnosed post-concussive syndrome with higher level cognitive deficits, post-traumatic dizziness, dysphoria secondary to chronic pain, cervical injury, post-traumatic headaches, lumbar injury, central mediated and mild facial components with pain and decreased functional status with decreased vocational potential. In terms of his ability to work, Dr. Seroussi noted, "He likely needs to transition to work that is not as physically arduous as managing and running a restaurant. This may be difficult, given cultural and language barriers, lack of transferable work skills and his current status of self-employment. He likely would benefit from ergonomic interventions at his work-site and within his home as well, and an ergonomic evaluation would be helpful for this purpose."

In terms of his prognosis, Dr. Seroussi felt that Mr. Tavakoli had reached maximum medical improvement and would likely benefit from light duty work on a long term basis.

Dr. Becker completed a Performance Based Physical Capacities Evaluation of Mr. Tavakoli in July of 2012. Dr. Becker's evaluation reflected a tolerance for work at the light, to light plus level of work, according to the Dictionary of Occupational Titles (DOT). Limitations were noted in trunk flexion, kneeling, squatting, crawling, stair step functions, as well as reaching.

#### **INTERVIEW:**

I had the opportunity to interview Mr. Tavakoli in my Bothell Office on July 12, 2012. He was 52 years old at the time of our interview. Mr. Tavakoli described injuries he sustained in a motor vehicle accident, which occurred on October 9, 2007. He received chiropractic treatment and massage, a variety of diagnostics and completed vestibular rehabilitation. At the time of our interview, he continued with home exercise. He was taking Advil and Aleve for his ongoing pain, as well as an anti-depressant for his decreased mood and depression. Mr. Tavakoli described constant pain in his low back and neck. He continues to experience headaches on a frequent basis. He experiences pain in his left knee, which includes swelling. He continues to experience dizziness and balance problems. He has fallen.

From a cognitive standpoint, Mr. Tavakoli continues with memory difficulties and he finds this frustrating. He is currently working as a car salesman and has had difficulty remembering customer names, orders and specific information. He believes this has resulted in a loss of sales.

Mr. Tavakoli described a poor sleeping pattern; he sleeps approximately 3-4 hours per night. His sleep is interrupted by pain and anxiety. He is frequently fatigued.

Mr. Tavakoli also described a very poor financial situation as a result of his motor vehicle accident and limited ability to work. His house is currently in foreclosure. He noted, "We are living day-by-day."



Hossein Tavakoli  
August 2, 2012  
Page 3

Mr. Tavakoli also described a decrease in his avocational activities. He enjoyed the restaurant work he performed in the past and found that to be very social; he is no longer able to perform that work and finds that he is less comfortable in social situations. Prior to his injury, he enjoyed golfing and bowling, but continues to be limited in those activities.

#### **EDUCATION/WORK HISTORY:**

Mr. Tavakoli received his GED in the 1980's, after moving to the United States from Iran. He attended community college in the 1980's, but received no degree or certificate.

In October of 2011, Mr. Tavakoli obtained employment as a car salesman at Toyota of Seattle. He sells both new and used cars. He earns \$10 per hour, with additional commission for car sales. He has only exceeded his \$10 an hour rate in one month since obtaining this employment. He works approximately 55 hours per week.

From approximately 2005 to 2011, Mr. Tavakoli owned and operated Kabob's Restaurant. He performed all aspects of restaurant work and supervised 1-3 employees. He worked 10-12 hour days. Mr. Tavakoli sold his restaurant in 2011.

From approximately 2003 to 2005, Mr. Tavakoli worked for Executive Real Estate as a real estate salesperson. He left this job to go to open his restaurant.

Mr. Tavakoli also worked as a clerk and cashier at Top Foods in Bellevue from 2003 to 2005; he held his jobs at Top Foods and Executive Real Estate concurrently.

Prior to 2003, Mr. Tavakoli worked in a variety of stores and restaurants.

#### **ASSESSMENT:**

Hossein Tavakoli is currently 52 years old. The medical records describe a complicated combination of both physical and cognitive impairments related to a motor vehicle accident, which occurred on October 9, 2007. Both the evaluations of Dr. Seroussi and Dr. Becker indicate that Mr. Tavakoli will be limited to light work in the light physical demand category and Dr. Comert's neuropsychological evaluation identifies decreased speed and information processing, decreased attention and concentration skills, difficulties in complex problem-solving, as well as depression and anxiety. Mr. Tavakoli also continues to experience headaches, dizziness, chronic pain and poor balance.

Dr. Seroussi has indicated that Mr. Tavakoli is no longer physically able to perform his past work as a restaurant manager. Work as a restaurant manager requires working long hours and performing medium physical demands (lifting up to 50 lbs. on an occasional basis). Restaurant managers typically perform many of the work duties of the restaurant staff during times of absenteeism.



Mr. Tavakoli has been extremely well motivated in his attempts to continue working. He eventually sold his restaurant in 2011. In October of 2011, Mr. Tavakoli obtained employment as a car salesman. He has not sold enough cars over the past year to allow him to receive commissions and he is currently earning \$10 per hour. He exceeded his \$10 an hour base in only one month since he has been hired. He works approximately 55 hours per week and describes physical and cognitive limitations in his ability to work. His chronic pain affects his ability to walk for long periods of time and his ongoing cognitive deficits decrease his effectiveness in his interactions with customers.

While Mr. Tavakoli has been extremely well motivated in both his attempts to continue to own and operate his restaurant and in his transition to car sales work, it is clear that his ongoing physical and cognitive limitations impair his ability to work.

According to the Washington Occupational Information Systems (WOIS), restaurant managers in Washington earn a medium wage of \$37.31 per hour, or an annual wage of \$77,592. This is likely a good representation of Mr. Tavakoli's pre-injury wage earning capacity, absent his impairments.

Working as a new and used car salesman, Mr. Tavakoli is currently earning approximately \$10 per hour, with some commissions, when he exceeds his \$10 per hour base salary. He has only exceeded this base salary in one month since obtaining his current job. Mr. Tavakoli is currently earning less than half of an average restaurant manager's earnings in Washington State.

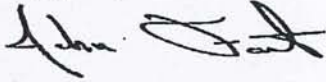
It is clear, prior to his injury, that Mr. Tavakoli had both the physical capacities and cognitive abilities to work successfully as a restaurant manager. The physical limitations and cognitive limitations described in the medical records will no longer allow Mr. Tavakoli to work effectively as a restaurant manager. As a result, he has suffered a permanent reduction in his future wage earning capacity. Given his cognitive deficits, Mr. Tavakoli would be expected to have a very difficult time completing additional education. He continues to have difficulty with memory, concentration, multi-tasking and problem solving. He also continues with difficulties related to headaches, balance and fatigue. It has been noted that he has reached maximum medical improvement and his condition is not expected to improve.

I would expect Mr. Tavakoli to continue to experience a reduction in his pre-injury wage earning capacity in the range of 25%-50%, conservatively, over his existing work life expectancy. Assuming Mr. Tavakoli will work until age 65, he has 13 years of remaining work life expectancy. At a 25%-50% reduction in his pre-injury wage earning capacity, Mr. Tavakoli will lose wages in the future in the range of \$250,000 to \$500,000 over his remaining work life expectancy.

Hossein Tavakoli  
August 2, 2012  
Page 5

Should you have any questions or require additional information, please contact me.

Very truly yours,

A handwritten signature in black ink, appearing to read "John Fountaine". The signature is fluid and cursive, with a large, stylized initial "J" and a long, sweeping underline.

John Fountaine, MA, CRC, CCM  
Rehabilitation Counselor/ Case Manager

JF:ajp



# Exhibit 5

HONORABLE RICHARD A. JONES

UNITED STATES DISTRICT COURT  
WESTERN DISTRICT OF WASHINGTON

HOSSEIN TAVAKOLI and POURANDOK  
SHAHNIAN, a married couple, and the marital  
community composed thereof,

2:11-cv-01587-RAJ

Plaintiff,

PLAINTIFFS' SECOND SUPPLEMENTAL  
INITIAL DISCLOSURES

vs.

ALLSTATE PROPERTY and CASUALTY  
INSURANCE COMPANY, an Illinois  
Company Doing Business in the State of  
Washington,

Defendant.

COME NOW the plaintiffs, Hossein Tavakoli and Pourandok Shahnian, by and through  
their attorneys of records, OLIVE|BEARB PLLC, pursuant to Federal Rule of Civil Procedure  
26(a)(1) and this Court's order and states as follows:

**A. Persons with Knowledge:**

Hossein Tavakoli  
c/o Olive|Bearb PLLC  
1218 3<sup>rd</sup> Ave., Suite 1000  
Seattle, WA 98101  
(206) 629-9909

Mr. Tavakoli is a plaintiff in this case and husband of Ms. Shahnian. He has  
discoverable information regarding the nature and extent of Ms. Shahnian's injuries and  
his own injuries, including his pre-accident medical and physical condition and physical



1 Mr. Reichert was the owner of a business in the same complex as the plaintiffs'  
2 restaurant. He may have personal knowledge regarding of the nature and extent of  
3 Plaintiffs' injuries, including his loss to his business as well as other damages suffered  
4 by Mr. Tavakoli and Ms. Pourandok.

5 Cary Wentz  
6 2121 8th Avenue  
7 Seattle, WA 98121  
8 (206) 681-5560

9 Ms. Wentz is a co-worker of Mr. Tavakoli. He may have personal knowledge regarding  
10 of the nature and extent of Plaintiffs' injuries.

11 **B. Relevant Documents:**

12 **(1) Documents in the Plaintiffs' Possession:**

- 13 • Correspondence from Plaintiff or Plaintiffs' counsel to Allstate
- 14 • Correspondence from Allstate to Plaintiffs' counsel
- 15 • Correspondence between Plaintiffs' counsel and USAA
- 16 • Declarations page for 3<sup>rd</sup> party tortfeasor
- 17 • Release and settlement agreement for underlying 3<sup>rd</sup> party action
- 18 • Police Traffic Collision Report
- 19 • Correspondence with City of Tukwila
- 20 • Correspondence regarding ordering Medical records and bills
- 21 • Medical records for Mr. Tavakoli
- 22 • Photographs of Plaintiffs
- 23 • Property Damage and Wage Loss information
- 24 • Certified Copy of Allstate's Insurance Policy

25 **(2) Documents in Possession of the Defendant**

- Allstate's claim file, including Allstate's claim diary and other internal
- records related to Mr. Tavakoli's claim
- Communications between Plaintiffs and Allstate, and Plaintiffs and
- Others
- Allstate's training and claims handling materials
- Allstate's training and procedures regarding its use of "Colossus"
- Mr. Tavakoli's medical records
- Mr. Tavakoli's insurance policy with Allstate

**C. Calculation of Damages:**

The plaintiffs' damages are the sum of Mr. Tavakoli's past and future economic damages, past and future non-economic damages, including pain suffering and lasting effects of the subject injury, Ms. Shahnian's loss of consortium, services and other



1 damages resulting from Mr. Tavakoli's injuries, economic and emotional damages  
2 associated with Allstate's bad faith handling of the underinsured motorist claim,  
3 attorneys' fees and costs, treble damages under RCW 48.30.015, expert fees, exemplary  
4 damages pursuant to RCW 19.86 *et seq.*, and all other recoverable damages proximately  
5 caused by Allstate's bad faith, violation of the Insurance Fair Conduct Act, breach of  
6 contract and the Consumer Protection Act.

7 **Past Medical Care:** \$30,336.67 plus finance charges

8 **Loss of Income/Business Opportunity:** As a result of the collision, Mr.  
9 Tavakoli was unable to continue to operate his family business, Saffron Kabobs.  
10 Without Mr. Tavakoli's ability to perform his function in the business, Saffron  
11 Kabobs saw a dramatic decrease in its business and was eventually closed in  
12 March of 2011. The injuries suffered by Mr. Tavakoli limit his wage earning  
13 capacity and dramatically decrease his future earning potential. This loss of  
14 earning capacity is currently estimated, conservatively, as between \$250,000 and  
15 \$500,000.

16 **Future Medical Care:** This care may include additional neuropsychological  
17 care and medication consistent with closed head injury and post concussion  
18 syndrome, and continued musculoskeletal pain. The majority of Mr. Tavakoli's  
19 continuing medical issues are chronic and not readily subject to curative care.

20 **Past Non-Economic Damages:** As a result of the collision, subsequent head  
21 trauma, and other injuries, Mr. Tavakoli suffered great pain, humiliation, stigma  
22 and other injuries and effects as a result of the underlying collision and  
23 subsequent wrongful conduct of Allstate. The value of the past pain and  
24 suffering, anguish, loss of enjoyment of life and emotional distress caused by the  
25 above problems exceeds \$200,000.

**Future Non-Economic Damages:** Mr. Tavakoli can look forward to constant,  
chronic pain for the remainder of his life as well as, negative effects associated  
with post concussion syndrome and head trauma. The value of his future pain  
and suffering, anguish, loss of enjoyment of life and emotional distress caused by  
the above problems exceeds \$750,000, an amount well in excess of Mr.  
Tavakoli's UIM policy limit.

**Loss of Consortium:** Ms. Shahnian has lost the husband that she knew and has  
been married to for over 25 years. This damage of the loss of society and  
companionship (or loss of consortium), began on the date of the collision and  
was exacerbated by Allstate's refusal to pay benefits owed under the policy to  
her husband, thereby preventing him from recovering from the loss. The value of  
the loss of consortium, including the past and future noneconomic harm  
experienced as a result, exceeds \$200,000.



1 **Attorneys Fees:** Attorneys fees are currently estimated to be in excess of  
2 \$60,000, and expected to significantly increase prior to the time of trial.

3 **Costs and Expert Fees:** Litigation costs and expert fees are currently estimated  
4 as \$8,500.00, and expected to significantly increase prior to the time of trial.

5 **Treble Damages/Exemplary Damages:** Pursuant to RCW 48.30.015(2),  
6 Plaintiffs are entitled to an amount in excess of \$500,000 in addition to the  
7 underlying policy limit and other actual damages, as a trebling of those actual  
8 damages based on the unreasonable conduct of Allstate pursuant to RCW  
9 48.30.015(2). Pursuant to RCW 19.86.090, Plaintiffs are also entitled to \$25,000-  
10 the statutory limit for exemplary damages under the Consumer Protection Act.

11 **Prejudgment Interest:** Plaintiff are entitled to an award of prejudgment  
12 interest.

13 **D. Insurance:**

- 14 1. It is Plaintiffs' understanding that Defendant is self-insured.


15 **E. Experts:**

16 In addition to qualified percipient witnesses, including but not limited to the Plaintiffs'  
17 treating healthcare providers and Plaintiffs' accountant, Plaintiffs further intend to call  
18 Richard Seroussi, MD, Rob Dietz, Theodore Becker, MD and John Fountaine to offer  
19 expert testimony in this case.

20 *See* Plaintiffs Supplemental Expert Witness Disclosure and exhibits attached  
21 thereto

22 Plaintiffs reserve the right to supplement this disclosure as further discovery warrants. Plaintiffs  
23 further reserve the right to call any witnesses identified in other discovery, including  
24 Defendant's Initial Disclosures, as if set forth fully herein.

25 DATED this 7<sup>th</sup> day of August, 2012.

  
Kyle C. Olive, WSBA #35552  
Timothy A. Bearb, WSBA #39300  
1218 3<sup>rd</sup> Avenue, Suite 1000  
Seattle, WA 98101

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**CERTIFICATE OF SERVICE**

I certify that on this date I have caused to be transmitted via e-mail one true copy of foregoing pleading to the following:

**Counsel for Defendant Allstate Property and Casualty Insurance Company**

Gavin W. Skok

Gregory T. Euteneier

Riddell Williams, P.S.

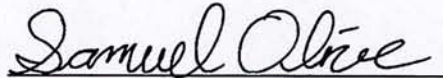
1001 Fourth Avenue Plaza, Suite 4500

Seattle, WA 98154-1192

I declare under penalty of perjury that the foregoing is true under the laws of the State of Washington to the best of my knowledge and belief.

Dated this 7<sup>th</sup> day of August, 2011.

OLIVE|BEARB PLLC



Samuel J. Olive



# Exhibit 6

The Honorable Richard A. Jones

UNITED STATES DISTRICT COURT  
WESTERN DISTRICT OF WASHINGTON  
AT SEATTLE

HOSSEIN TAVAKOLI and POURANDOK  
SHAHNIAN, a married couple, and the marital  
community composed thereof,

Plaintiff,

vs.

ALLSTATE PROPERTY AND CASUALTY  
INSURANCE COMPANY, an Illinois  
Company Doing Business in the State of  
Washington,

Defendant.

No.: 2:11-cv-01587-RAJ

ALLSTATE PROPERTY AND CASUALTY  
INSURANCE COMPANY'S SECOND  
REQUESTS FOR PRODUCTION TO  
PLAINTIFFS *AND PLAINTIFFS'*  
*RESPONSE THERETO*

**REQUESTS FOR PRODUCTION**

**REQUEST FOR PRODUCTION NO. 17:** Produce for inspection and copying the  
federal income tax returns for you (and your spouse if separate returns were filed) for each of  
the past seven years.

**RESPONSE:**

See attached Exhibit 1.

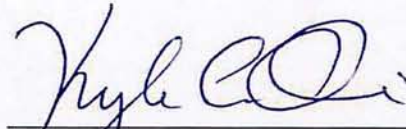
**REQUEST FOR PRODUCTION NO. 18:** Produce for inspection and copying the



1 federal income tax returns for any and all businesses in which you and your spouse have any  
2 interest for each of the past seven years.

3 **RESPONSE:**

4 **Objection:** The request vague as to the meaning of "any interest." Without waiving  
5 said objections, Plaintiffs answer:


6  
7   
8 Kyle C. Olive, WSBA No. 35552

9 See attached Exhibit 1.

10 **REQUEST FOR PRODUCTION NO. 19:** Produce all monthly cash flow reports,  
11 monthly balance sheets, income statements, financial statements profit and loss statements, or  
12 similar periodic financial reports for January 1, 2007 to present for any business for which you  
13 are claiming lost profits or lost wages, or any other type of damages, in this lawsuit.

14 **RESPONSE:**

15 **Objection:** The request is exceedingly broad ("all . . . income statements"). It is vague  
16 and unclear as to the meaning of "similar periodic financial reports." Without waiving  
17 said objections, Plaintiffs answer:

18  
19   
20 Kyle C. Olive, WSBA No. 35552

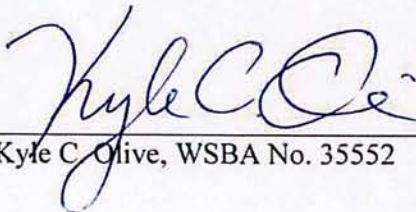
21 See attached Exhibits 2 and 3.

22 **REQUEST FOR PRODUCTION NO. 20:** Produce all documents that refer or relate  
23 to any claim for lost wages you are asserting in this lawsuit, including but not limited to any  
24 pay records, pay stubs, or other documents showing or recording your wages for January 1,  
25

1 2006 to the present.

2 **RESPONSE:**

3 **Objection:** The request is exceedingly broad (“all documents that refer or relate”) and,  
4 as written, may seek documents protected by the attorney privilege and work product.  
5 Without waiving said objections, Plaintiffs answer:

6   
7 Kyle C. Olive, WSBA No. 35552

8  
9 See attached Exhibits 1, 2, and 3.

10  
11  
12  
13 ANSWERS AND OBJECTIONS DATED this 17<sup>th</sup> day of August, 2012, in  
14 conformance with Fed. R. Civ. P. 26(g).

15   
16  
17 Kyle C. Olive, WSBA No. 35552  
18 OLIVE | BEARB PLLC  
19 1218 3<sup>rd</sup> Ave., Suite 1000  
20 Seattle, WA 98101



# Exhibit 7

COPY

Form **1040**

Department of the Treasury — Internal Revenue Service (99)

**U.S. Individual Income Tax Return 2011**

OMB No. 1545-0074

IRS Use Only — Do not write or staple in this space.

For the year Jan 1 - Dec 31, 2011, or other tax year beginning

, 2011, ending

, 20

See separate instructions.

Your first name

MI

Last name

HOSSEIN

TAVAKOLI

Your social security number

If a joint return, spouse's first name

MI

Last name

POURANDOKHT

SHAHNIANI

Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions.

Apartment no.

4278 258TH AVE SE

▲ Make sure the SSN(s) above and on line 6c are correct.

City, town or post office. If you have a foreign address, also complete spaces below (see instructions).

State

ZIP code

ISSAQUAH

WA

98029-5742

Foreign country name

Foreign province/county

Foreign postal code

**Presidential Election Campaign**Check here if you, or your spouse if filing jointly, want \$3 to go to this fund? Checking a box below will not change your tax or refund. ☐ You ☐ Spouse**Filing Status**1 ☐ Single2 ☒ Married filing jointly (even if only one had income)3 ☐ Married filing separately. Enter spouse's SSN above & full name here . . . ▶4 ☐ Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here . . . ▶5 ☐ Qualifying widow(er) with dependent child**Exemptions**6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a . . . . .b ☒ Spouse . . . . .**c Dependents:**

(1) First name

Last name

(2) Dependent's social security number

(3) Dependent's relationship to you

(4) ☒ if child under age 17 qualifying for child tax cr (see instrs)

Boxes checked on 6a and 6b . . . . . 2

No. of children on 6c who:

- lived with you . . . . . 2
- did not live with you due to divorce or separation (see instrs) . . . . .

If more than four dependents, see instructions and check here . . . ☐

d Total number of exemptions claimed . . . . .

**Income**

7 Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .

7

8,713.

8a Taxable interest. Attach Schedule B if required . . . . .

8a

b Tax-exempt interest. Do not include on line 8a . . . . .

8b

9a Ordinary dividends. Attach Schedule B if required . . . . .

9a

b Qualified dividends . . . . .

9b

10 Taxable refunds, credits, or offsets of state and local income taxes . . . . .

10

11 Alimony received . . . . .

11

12 Business income or (loss). Attach Schedule C or C-EZ . . . . .

12

6,300.

13 Capital gain or (loss). Att Sch D if reqd. If not reqd, ck here . . . . .

13

14 Other gains or (losses). Attach Form 4797 . . . . .

14

-30,607.

15a IRA distributions . . . . .

15a

b Taxable amount . . . . .

15b

16a Pensions and annuities . . . . .

16a

b Taxable amount . . . . .

16b

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .

17

18 Farm income or (loss). Attach Schedule F . . . . .

18

19 Unemployment compensation . . . . .

19

20a Social security benefits . . . . .

20a

b Taxable amount . . . . .

20b

21 Other income . . . . .

21

22 Combine the amounts in the far right column for lines 7 through 21. This is your total income . . . . .

22

-15,594.

**Adjusted Gross Income**

23 Educator expenses . . . . .

23

24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ . . . . .

24

25 Health savings account deduction. Attach Form 8889 . . . . .

25

26 Moving expenses. Attach Form 3903 . . . . .

26

27 Deductible part of self-employment tax. Attach Schedule SE . . . . .

27

445.

28 Self-employed SEP, SIMPLE, and qualified plans . . . . .

28

29 Self-employed health insurance deduction . . . . .

29

30 Penalty on early withdrawal of savings . . . . .

30

31a Alimony paid b Recipient's SSN . . . . .

31a

32 IRA deduction . . . . .

32

33 Student loan interest deduction . . . . .

33

2,500.

34 Tuition and fees. Attach Form 8917 . . . . .

34

35 Domestic production activities deduction. Attach Form 8903 . . . . .

35

36 Add lines 23 through 35 . . . . .

36

2,945.

37 Subtract line 36 from line 22. This is your adjusted gross income . . . . .

37

-18,539.

BAA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

FDIA0112

11/07/11

Form 1040 (2011)

TAV000001



COPY

Form **1040** Department of the Treasury — Internal Revenue Service **U.S. Individual Income Tax Return 2010** (99) IRS Use Only — Do not write or staple in this space.

Name,  
Address,  
and SSN

See separate  
instructions.

Presidential  
Election  
Campaign

For the year Jan 1 - Dec 31, 2010, or other tax year beginning , 2010, ending , 20		OMB No. 1545-0074
Your first name	MI Last name	Your social security number
<b>HOSSEIN</b>	<b>TAVAKOLI</b>	
If a joint return, spouse's first name	MI Last name	Spouse's social security number
<b>POURANDOKHT</b>	<b>SHAHNIANI</b>	
Home address (number and street). If you have a P.O. box, see instructions.		Apartment no.
<b>4278 258TH AVE SE</b>		
City, town or post office. If you have a foreign address, see instructions.		State ZIP code
<b>ISSAQUAH</b>		<b>WA 98029-5742</b>
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund? . . . . .		<input type="checkbox"/> You <input type="checkbox"/> Spouse

Make sure the SSN(s)  
above and on line 6c  
are correct.

Checking a box below will not  
change your tax or refund.

**Filing Status**

Check only  
one box.

1 <input type="checkbox"/> Single	4 <input type="checkbox"/> Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here . . . . .
2 <input checked="" type="checkbox"/> Married filing jointly (even if only one had income)	
3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above & full name here . . . . .	5 <input type="checkbox"/> Qualifying widow(er) with dependent child

**Exemptions**

If more than four  
dependents, see  
instructions and  
check here . . . . .

6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a . . . . .				Boxes checked on 6a and 6b . . . . .
b <input checked="" type="checkbox"/> Spouse . . . . .				No. of children on 6c who: . . . . .
c Dependents:				<input checked="" type="checkbox"/> lived with you . . . . . <input type="checkbox"/> did not live with you due to divorce or separation (see instrs) . . . . . Dependents on 6c not entered above . . . . . Add numbers on lines above . . . . .
(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax cr (see instrs)
<b>ELENA TAVAKOLI</b>			<b>Daughter</b>	<input type="checkbox"/>
	<b>K. T.</b>		<b>Daughter</b>	<input checked="" type="checkbox"/>
d Total number of exemptions claimed . . . . .				4

**Income**

Attach Form(s)  
W-2 here. Also  
attach Forms  
W-2G and 1099-R  
if tax was withheld.

If you did not  
get a W-2,  
see instructions.

Enclose, but do  
not attach, any  
payment. Also,  
please use  
Form 1040-V.

7 Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .	7	
8a Taxable interest. Attach Schedule B if required . . . . .	8a	
b Tax-exempt interest. Do not include on line 8a . . . . .	8b	
9a Ordinary dividends. Attach Schedule B if required . . . . .	9a	
b Qualified dividends . . . . .	9b	
10 Taxable refunds, credits, or offsets of state and local income taxes . . . . .	10	
11 Alimony received . . . . .	11	
12 Business income or (loss). Attach Schedule C or C-EZ . . . . .	12	<b>39,288.</b>
13 Capital gain or (loss). Att Sch D if reqd. If not reqd, ck here . . . . .	13	
14 Other gains or (losses). Attach Form 4797 . . . . .	14	
15a IRA distributions . . . . .	15a	
b Taxable amount . . . . .	15b	
16a Pensions and annuities . . . . .	16a	
b Taxable amount . . . . .	16b	
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .	17	
18 Farm income or (loss). Attach Schedule F . . . . .	18	
19 Unemployment compensation . . . . .	19	
20a Social security benefits . . . . .	20a	
b Taxable amount . . . . .	20b	
21 Other income . . . . .	21	
22 Combine the amounts in the far right column for lines 7 through 21. This is your total income . . . . .	22	<b>39,288.</b>

**Adjusted  
Gross  
Income**

23 Educator expenses . . . . .	23	
24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ . . . . .	24	
25 Health savings account deduction. Attach Form 8889 . . . . .	25	
26 Moving expenses. Attach Form 3903 . . . . .	26	
27 One-half of self-employment tax. Attach Schedule SE . . . . .	27	<b>2,093.</b>
28 Self-employed SEP, SIMPLE, and qualified plans . . . . .	28	
29 Self-employed health insurance deduction . . . . .	29	<b>9,668.</b>
30 Penalty on early withdrawal of savings . . . . .	30	
31a Alimony paid b Recipient's SSN . . . . .	31a	
32 IRA deduction . . . . .	32	
33 Student loan interest deduction . . . . .	33	
34 Tuition and fees. Attach Form 8917 . . . . .	34	
35 Domestic production activities deduction. Attach Form 8903 . . . . .	35	
36 Add lines 23 - 31a and 32 - 35 . . . . .	36	<b>11,761.</b>
37 Subtract line 36 from line 22. This is your adjusted gross income . . . . .	37	<b>27,527.</b>



COPY

Form **1040**

Department of the Treasury — Internal Revenue Service

**U.S. Individual Income Tax Return 2009**

(99) IRS Use Only — Do not write or staple in this space.

Label  
(See instructions.)Use the  
IRS label.  
Otherwise,  
please print  
or type.Presidential  
Election  
Campaign

For the year Jan 1 - Dec 31, 2009, or other tax year beginning , 2009, ending , 20		OMB No. 1545-0074
Your first name <b>HOSSEIN</b>	MI Last name <b>TAVAKOLI</b>	Your social security number [REDACTED]
If a joint return, spouse's first name <b>POURANDOKHT</b>	MI Last name <b>SHAHNIANI</b>	Spouse's social security number [REDACTED]
Home address (number and street). If you have a P.O. box, see instructions. <b>4278 258TH AVE SE</b>		Apartment no. You must enter your social security number(s) above. ▲
City, town or post office. If you have a foreign address, see instructions. <b>ISSAQUAH</b>		State ZIP code <b>WA 98029-5742</b>
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund? (see instructions) <input type="checkbox"/> You <input type="checkbox"/> Spouse		Checking a box below will not change your tax or refund.

Filing Status

Check only  
one box.

- 1 ☐ Single
- 2 ☒ Married filing jointly (even if only one had income)
- 3 ☐ Married filing separately. Enter spouse's SSN above & full name here . . . ▶
- 4 ☐ Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here . . . ▶
- 5 ☐ Qualifying widow(er) with dependent child (see instructions)

Exemptions

If more  
than four  
dependents,  
see instructions  
and check here ☐

6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a				Boxes checked on 6a and 6b . . . . . 2
b <input checked="" type="checkbox"/> Spouse				No. of children on 6c who:
c Dependents:				• lived with you . . . . . 2
(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if qualifying child for child tax credit (see instrs)
<b>ELENA TAVAKOLI</b>		[REDACTED]	<b>Daughter</b>	<input type="checkbox"/>
[REDACTED]	<b>K. T.</b>	[REDACTED]	<b>Daughter</b>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
d Total number of exemptions claimed				Add numbers on lines above . . . . . 4

Income

Attach Form(s)  
W-2 here. Also  
attach Forms  
W-2G and 1099-R  
if tax was withheld.If you did not  
get a W-2,  
see instructions.Enclose, but do  
not attach, any  
payment. Also,  
please use  
Form 1040-V.

7 Wages, salaries, tips, etc. Attach Form(s) W-2	7	
8a Taxable interest. Attach Schedule B if required	8a	
b Tax-exempt interest. Do not include on line 8a	8b	
9a Ordinary dividends. Attach Schedule B if required	9a	
b Qualified dividends (see instrs)	9b	
10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions)	10	
11 Alimony received	11	
12 Business income or (loss). Attach Schedule C or C-EZ	12	35,308.
13 Capital gain or (loss). Att Sch D if reqd. If not reqd, ck here . . . . . <input type="checkbox"/>	13	
14 Other gains or (losses). Attach Form 4797	14	
15a IRA distributions	15a	
b Taxable amount (see instrs)	15b	
16a Pensions and annuities	16a	
b Taxable amount (see instrs)	16b	
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
18 Farm income or (loss). Attach Schedule F	18	
19 Unemployment compensation in excess of \$2,400 per recipient (see instructions)	19	
20a Social security benefits	20a	
b Taxable amount (see instrs)	20b	
21 Other income	21	
22 Add the amounts in the far right column for lines 7 through 21. This is your total income	22	35,308.

Adjusted  
Gross  
Income

23 Educator expenses (see instructions)	23	
24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	
25 Health savings account deduction. Attach Form 8889	25	
26 Moving expenses. Attach Form 3903	26	
27 One-half of self-employment tax. Attach Schedule SE	27	2,495.
28 Self-employed SEP, SIMPLE, and qualified plans	28	
29 Self-employed health insurance deduction (see instructions)	29	7,233.
30 Penalty on early withdrawal of savings	30	
31a Alimony paid b Recipient's SSN . . . . . ▶	31a	
32 IRA deduction (see instructions)	32	
33 Student loan interest deduction (see instructions)	33	
34 Tuition and fees deduction. Attach Form 8917	34	
35 Domestic production activities deduction. Attach Form 8903	35	
36 Add lines 23 - 31a and 32 - 35	36	9,728.
37 Subtract line 36 from line 22. This is your adjusted gross income	37	25,580.

BAA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see instructions.

FDIA0112 09/17/09

TAV000028 Form 1040 (2009)



COPY

Form **1040**

Department of the Treasury — Internal Revenue Service

**U.S. Individual Income Tax Return 2008**

(99) IRS Use Only — Do not write or staple in this space.

Label  
(See instructions.)Use the  
IRS label.  
Otherwise,  
please print  
or typePresidential  
Election  
Campaign

For the year Jan 1 - Dec 31, 2008, or other tax year beginning , 2008, ending , 20		OMB No. 1545-0074
Your first name <b>HOSSEIN</b>	MI Last name <b>TAVAKOLI</b>	Your social security number [REDACTED]
If a joint return, spouse's first name <b>POURANDOKHT</b>	MI Last name <b>SHAHNIANI</b>	Spouse's social security number [REDACTED]
Home address (number and street), if you have a P.O. box, see instructions. <b>4278 258TH AVE SE</b>		Apartment no. You must enter your social security number(s) above. ▲
City, town or post office. If you have a foreign address, see instructions. <b>ISSAQUAH</b>		State ZIP code <b>WA 98029-5742</b>
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund? (see instructions)		<input type="checkbox"/> You <input type="checkbox"/> Spouse Checking a box below will not change your tax or refund.

**Filing Status**Check only  
one box.

- 1 ☐ Single
- 2 ☒ Married filing jointly (even if only one had income)
- 3 ☐ Married filing separately. Enter spouse's SSN above & full name here . . .
- 4 ☐ Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here . . .
- 5 ☐ Qualifying widow(er) with dependent child (see instructions)

**Exemptions**If more than  
four dependents,  
see instructions.

6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a				Boxes checked on 6a and 6b . . . . . 2
b <input checked="" type="checkbox"/> Spouse				No. of children on 6c who:
c Dependents:				<input checked="" type="checkbox"/> lived with you . . . . . 2 <input type="checkbox"/> did not live with you due to divorce or separation (see instrs) . . . . . Dependents on 6c not entered above . . . . . Add numbers on lines above . . . . . 4
(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if qualifying child for child tax credit (see instrs)
ELENA	TAVAKOLI	[REDACTED]	Daughter	<input type="checkbox"/>
[REDACTED]	K.T.	[REDACTED]	Daughter	<input checked="" type="checkbox"/>
d Total number of exemptions claimed				4

**Income**Attach Form(s)  
W-2 here. Also  
attach Forms  
W-2G and 1099-R  
if tax was withheld.If you did not  
get a W-2,  
see instructions.Enclose, but do  
not attach, any  
payment. Also,  
please use  
Form 1040-V.

7 Wages, salaries, tips, etc. Attach Form(s) W-2	7	
8a Taxable interest. Attach Schedule B if required	8a	
b Tax-exempt interest. Do not include on line 8a	8b	
9a Ordinary dividends. Attach Schedule B if required	9a	
b Qualified dividends (see instrs)	9b	
10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions)	10	
11 Alimony received	11	
12 Business income or (loss). Attach Schedule C or C-EZ	12	49,898.
13 Capital gain or (loss). Att Sch D if reqd. If not reqd, ck here . . . . . <input type="checkbox"/>	13	
14 Other gains or (losses). Attach Form 4797	14	
15a IRA distributions	15a	
b Taxable amount (see instrs)	15b	
16a Pensions and annuities	16a	
b Taxable amount (see instrs)	16b	
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
18 Farm income or (loss). Attach Schedule F	18	
19 Unemployment compensation	19	
20a Social security benefits	20a	
b Taxable amount (see instrs)	20b	
21 Other income	21	
22 Add the amounts in the far right column for lines 7 through 21. This is your total income . . . . .	22	49,898.
23 Educator expenses (see instructions)	23	
24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	
25 Health savings account deduction. Attach Form 8889	25	
26 Moving expenses. Attach Form 3903	26	
27 One-half of self-employment tax. Attach Schedule SE	27	3,525.
28 Self-employed SEP, SIMPLE, and qualified plans	28	
29 Self-employed health insurance deduction (see instructions)	29	2,484.
30 Penalty on early withdrawal of savings	30	
31a Alimony paid b Recipient's SSN . . . . .	31a	
32 IRA deduction (see instructions)	32	
33 Student loan interest deduction (see instructions)	33	
34 Tuition and fees deduction. Attach Form 8917	34	4,000.
35 Domestic production activities deduction. Attach Form 8903	35	
36 Add lines 23 - 31a and 32 - 35	36	10,009.
37 Subtract line 36 from line 22. This is your adjusted gross income	37	39,889.

**Adjusted  
Gross  
Income**



COPY

Form **1040** U.S. Individual Income Tax Return **2007**

Department of the Treasury — Internal Revenue Service

IRS Use Only — Do not write or staple in this space.

**Label**  
(See instructions.)

**Use the  
IRS label.**  
Otherwise,  
please print  
or type.

**Presidential  
Election  
Campaign**

For the year Jan 1 - Dec 31, 2007, or other tax year beginning , 2007, ending , 20		OMB No. 1545-0074
Your first name <b>HOSSEIN</b>	MI Last name <b>TAVAKOLI</b>	Your social security number [REDACTED]
If a joint return, spouse's first name <b>POURANDOKHT</b>	MI Last name <b>SHAHNIANI</b>	Spouse's social security number [REDACTED]
Home address (number and street). If you have a P.O. box, see instructions. Apartment no. <b>4278 258TH AVE SE</b>		You must enter your social security number(s) above. ▲
City, town or post office. If you have a foreign address, see instructions. State ZIP code <b>ISSAQUAH WA 98029-5742</b>		
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund? (see instructions)		<input type="checkbox"/> You <input type="checkbox"/> Spouse

**Filing Status**

Check only  
one box.

1 <input type="checkbox"/> Single	4 <input type="checkbox"/> Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here .
2 <input checked="" type="checkbox"/> Married filing jointly (even if only one had income)	
3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above & full name here .	5 <input type="checkbox"/> Qualifying widow(er) with dependent child (see instructions)

**Exemptions**

If more than  
four dependents,  
see instructions.

6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a	Boxes checked on 6a and 6b ..	2
b <input checked="" type="checkbox"/> Spouse	No. of children on 6c who:	
	• lived with you ..	2
	• did not live with you due to divorce or separation (see instrs) ..	
Dependents on 6c not entered above .		
Add numbers on lines above ..		4

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if qualifying child for child tax credit (see instrs)
<b>ELENA</b>	<b>TAVAKOLI</b>	[REDACTED]	Daughter	<input type="checkbox"/>
[REDACTED]	<b>K. T.</b>	[REDACTED]	Daughter	<input checked="" type="checkbox"/>

**Income**

Attach Form(s)  
W-2 here. Also  
attach Forms  
W-2G and 1099-R  
if tax was withheld.

If you did not  
get a W-2,  
see instructions.

Enclose, but do  
not attach, any  
payment. Also,  
please use  
Form 1040-V.

7 Wages, salaries, tips, etc. Attach Form(s) W-2	7	
8a Taxable interest. Attach Schedule B if required	8a	
b Tax-exempt interest. Do not include on line 8a	8b	
9a Ordinary dividends. Attach Schedule B if required	9a	
b Qualified dividends (see instrs)	9b	
10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions)	10	
11 Alimony received	11	
12 Business income or (loss). Attach Schedule C or C-EZ	12	38,523.
13 Capital gain or (loss). Att Sch D if reqd. If not reqd, ck here	13	
14 Other gains or (losses). Attach Form 4797	14	
15a IRA distributions	15a	
b Taxable amount (see instrs)	15b	
16a Pensions and annuities	16a	
b Taxable amount (see instrs)	16b	
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
18 Farm income or (loss). Attach Schedule F	18	
19 Unemployment compensation	19	
20a Social security benefits	20a	
b Taxable amount (see instrs)	20b	
21 Other income	21	
22 Add the amounts in the far right column for lines 7 through 21. This is your total income .	22	38,523.
23 Educator expenses (see instructions)	23	
24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	
25 Health savings account deduction. Attach Form 8889	25	
26 Moving expenses. Attach Form 3903	26	
27 One-half of self-employment tax. Attach Schedule SE	27	2,722.
28 Self-employed SEP, SIMPLE, and qualified plans	28	
29 Self-employed health insurance deduction (see instructions)	29	
30 Penalty on early withdrawal of savings	30	
31a Alimony paid b Recipient's SSN	31a	
32 IRA deduction (see instructions)	32	
33 Student loan interest deduction (see instructions)	33	
34 Tuition and fees deduction. Attach Form 8917	34	
35 Domestic production activities deduction. Attach Form 8903	35	
36 Add lines 23 - 31a and 32 - 35	36	2,722.
37 Subtract line 36 from line 22. This is your adjusted gross income	37	35,801.

**Adjusted  
Gross  
Income**



Form **1040** U.S. Individual Income Tax Return **2006**

Department of the Treasury — Internal Revenue Service

(99) IRS Use Only — Do not write or staple in this space.

**Label**  
(See instructions.)

**Use the IRS label.**  
Otherwise, please print or type.

**Presidential Election Campaign**

For the year Jan 1 - Dec 31, 2006, or other tax year beginning , 2006, ending , 20		OMB No. 1545-0074
Your first name <b>HOSSEIN</b>	MI Last name <b>TAVAKOLI</b>	Your social security number [REDACTED]
If a joint return, spouse's first name <b>POURANDOKHT</b>	MI Last name <b>SHAHNIANI</b>	Spouse's social security number [REDACTED]
Home address (number and street). If you have a P.O. box, see instructions. Apartment no. <b>4278 258TH AVE SE</b>		You must enter your social security number(s) above. ▲
City, town or post office. If you have a foreign address, see instructions. State ZIP code <b>ISSAQUAH WA 98029-5742</b>		
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund? (see instructions) . . . . .		<input type="checkbox"/> You <input type="checkbox"/> Spouse

**Filing Status**

Check only one box.

1 <input type="checkbox"/> Single	4 <input type="checkbox"/> Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here . . .
2 <input checked="" type="checkbox"/> Married filing jointly (even if only one had income)	
3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above & full name here . . .	5 <input type="checkbox"/> Qualifying widow(er) with dependent child (see instructions)

**Exemptions**

If more than four dependents, see instructions.

6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a . . . . .		Boxes checked on 6a and 6b . . . . .
b <input checked="" type="checkbox"/> Spouse . . . . .		2
c Dependents:		No. of children on 6c who:
(1) First name Last name	(2) Dependent's social security number	(3) Dependent's relationship to you
<b>ELENA TAVAKOLI</b>	[REDACTED]	<b>Daughter</b>
<b>[REDACTED] K.T.</b>	[REDACTED]	<b>Daughter</b>
		(4) <input checked="" type="checkbox"/> if qualifying child for child tax credit (see instrs)
		• lived with you . . . . .
		• did not live with you due to divorce or separation (see instrs) . . . . .
		Dependents on 6c not entered above . . . . .
d Total number of exemptions claimed . . . . .		Add numbers on lines above . . . . .
		4

**Income**

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see instructions.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

7 Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .	7	20,994.
8a Taxable interest. Attach Schedule B if required . . . . .	8a	
b Tax-exempt interest. Do not include on line 8a . . . . .	8b	
9a Ordinary dividends. Attach Schedule B if required . . . . .	9a	
b Qualified dividends (see instrs) . . . . .	9b	
10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions) . . . . .	10	
11 Alimony received . . . . .	11	
12 Business income or (loss). Attach Schedule C or C-EZ . . . . .	12	34,895.
13 Capital gain or (loss). Attach Schedule D if reqd. If not reqd, ck here . . . . .	13	
14 Other gains or (losses). Attach Form 4797 . . . . .	14	
15a IRA distributions . . . . .	15a	
b Taxable amount (see instrs) . . . . .	15b	
16a Pensions and annuities . . . . .	16a	
b Taxable amount (see instrs) . . . . .	16b	
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .	17	
18 Farm income or (loss). Attach Schedule F . . . . .	18	
19 Unemployment compensation . . . . .	19	
20a Social security benefits . . . . .	20a	
b Taxable amount (see instrs) . . . . .	20b	
21 Other income . . . . .	21	
22 Add the amounts in the far right column for lines 7 through 21. This is your total income . . . . .	22	55,889.

**Adjusted Gross Income**

23 Archer MSA deduction. Attach Form 8853 . . . . .	23	
24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ . . . . .	24	
25 Health savings account deduction. Attach Form 8889 . . . . .	25	
26 Moving expenses. Attach Form 3903 . . . . .	26	
27 One-half of self-employment tax. Attach Schedule SE . . . . .	27	3,656.
28 Self-employed SEP, SIMPLE, and qualified plans . . . . .	28	
29 Self-employed health insurance deduction (see instructions) . . . . .	29	
30 Penalty on early withdrawal of savings . . . . .	30	
31a Alimony paid b Recipient's SSN . . . . .	31a	
32 IRA deduction (see instructions) . . . . .	32	
33 Student loan interest deduction (see instructions) . . . . .	33	
34 Jury duty pay you gave to your employer . . . . .	34	
35 Domestic production activities deduction. Attach Form 8903 . . . . .	35	
36 Add lines 23 - 31a and 32 - 35 . . . . .	36	3,656.
37 Subtract line 36 from line 22. This is your adjusted gross income . . . . .	37	52,233.

BAA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see instructions.

FDIA0112 11/07/06

Form 1040 (2006)

TAV000064



**SCHEDULE C**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Profit or Loss From Business**  
**(Sole Proprietorship)**

Partnerships, joint ventures, etc., must file Form 1065 or 1065-B.  
Attach to Form 1040, 1040NR, or 1041. See Instructions for Schedule C (Form 1040).

OMB No. 1545-0074

**2006**

Attachment  
Sequence No. **09**

Name of proprietor

**HOSSEIN TAVAKOLI**

Social security number (SSN)

**A** Principal business or profession, including product or service (see instructions)

**REAL ESTATE AGENT**

**B** Enter code from instructions

**531210**

**C** Business name. If no separate business name, leave blank.

**D** Employer ID number (EIN), if any

**E** Business address (including suite or room no.) **4278 258TH AVE SE**  
City, town or post office, state, and ZIP code **ISSAQUAH, WA 98029-5742**

**F** Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) \_\_\_\_\_

**G** Did you 'materially participate' in the operation of this business during 2006? If 'No,' see instructions for limit on losses ☒ Yes ☐ No

**H** If you started or acquired this business during 2006, check here \_\_\_\_\_

**Part I Income**

<b>1</b> Gross receipts or sales. <b>Caution.</b> If this income was reported to you on Form W-2 and the 'Statutory employee' box on that form was checked, see the instructions and check here <input type="checkbox"/>	<b>1</b>	<b>94,976.</b>
<b>2</b> Returns and allowances	<b>2</b>	
<b>3</b> Subtract line 2 from line 1	<b>3</b>	<b>94,976.</b>
<b>4</b> Cost of goods sold (from line 42 on page 2)	<b>4</b>	
<b>5</b> <b>Gross profit.</b> Subtract line 4 from line 3	<b>5</b>	<b>94,976.</b>
<b>6</b> Other income, including federal and state gasoline or fuel tax credit or refund	<b>6</b>	
<b>7</b> <b>Gross income.</b> Add lines 5 and 6	<b>7</b>	<b>94,976.</b>

**Part II Expenses.** Enter expenses for business use of your home **only** on line 30.

<b>8</b> Advertising	<b>8</b>	<b>1,248.</b>	<b>18</b> Office expense	<b>18</b>	
<b>9</b> Car and truck expenses (see instructions)	<b>9</b>	<b>7,765.</b>	<b>19</b> Pension and profit-sharing plans	<b>19</b>	
<b>10</b> Commissions and fees	<b>10</b>		<b>20</b> Rent or lease (see instructions):		
<b>11</b> Contract labor (see instructions)	<b>11</b>		<b>a</b> Vehicles, machinery, and equipment	<b>20a</b>	<b>3,004.</b>
<b>12</b> Depletion	<b>12</b>		<b>b</b> Other business property	<b>20b</b>	<b>2,760.</b>
<b>13</b> Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	<b>13</b>	<b>986.</b>	<b>21</b> Repairs and maintenance	<b>21</b>	<b>149.</b>
<b>14</b> Employee benefit programs (other than on line 19)	<b>14</b>		<b>22</b> Supplies (not included in Part III)	<b>22</b>	<b>971.</b>
<b>15</b> Insurance (other than health)	<b>15</b>		<b>23</b> Taxes and licenses	<b>23</b>	<b>1,593.</b>
<b>16</b> Interest:			<b>24</b> Travel, meals, and entertainment:		
<b>a</b> Mortgage (paid to banks, etc)	<b>16a</b>		<b>a</b> Travel	<b>24a</b>	
<b>b</b> Other	<b>16b</b>		<b>b</b> Deductible meals and entertainment	<b>24b</b>	<b>1,381.</b>
<b>17</b> Legal & professional services	<b>17</b>	<b>1,983.</b>	<b>25</b> Utilities	<b>25</b>	<b>643.</b>
<b>28</b> <b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27 in columns	<b>28</b>	<b>22,714.</b>	<b>26</b> Wages (less employment credits)	<b>26</b>	
<b>29</b> Tentative profit (loss). Subtract line 28 from line 7	<b>29</b>	<b>72,262.</b>	<b>27</b> Other expenses (from line 48 on page 2)	<b>27</b>	<b>231.</b>
<b>30</b> Expenses for business use of your home. Attach <b>Form 8829</b>	<b>30</b>	<b>3,654.</b>			
<b>31</b> <b>Net profit or (loss).</b> Subtract line 30 from line 29.	<b>31</b>	<b>68,608.</b>			

• If a profit, enter on both **Form 1040, line 12**, and **Schedule SE, line 2** or on **Form 1040NR, line 13** (statutory employees, see instructions). Estates and trusts, enter on Form 1041, line 3.

• If a loss, you **must** go to line 32.

**32** If you have a loss, check the box that describes your investment in this activity (see instructions).

• If you checked 32a, enter the loss on both **Form 1040, line 12**, and **Schedule SE, line 2**, or on **Form 1040NR, line 13** (statutory employees, see instructions). Estates and trusts, enter on Form 1041, line 3.

• If you checked 32b, you **must** attach **Form 6198**. Your loss may be limited.

**32a** ☐ All investment is at risk.

**32b** ☐ Some investment is not at risk.

**BAA** For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule C (Form 1040) 2006



Form 1040

Department of the Treasury — Internal Revenue Service

## U.S. Individual Income Tax Return 2005

(99) IRS Use Only — Do not write or staple in this space.

Label  
(See instructions.)Use the  
IRS label.  
Otherwise,  
please print  
or type.Presidential  
Election  
Campaign

For the year Jan 1 - Dec 31, 2005, or other tax year beginning , 2005, ending , 20

OMB No. 1545-0074

HOSSEIN TAVAKOLI  
POURI SHAHNIANI  
4278 258TH AVE SE  
ISSAQUAH, WA 98029

Your social security number

Spouse's social security number

You must enter your  
social security  
number(s) above.Checking a box below will not  
change your tax or refund.Check here if you, or your spouse if filing jointly, want \$3 to go to this fund? (see instructions). ☐ You ☐ Spouse

## Filing Status

- 1 ☐ Single
- 2 ☒ Married filing jointly (even if only one had income)
- 3 ☐ Married filing separately. Enter spouse's SSN above & full name here.
- 4 ☐ Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here.
- 5 ☐ Qualifying widow(er) with dependent child (see instructions)

Check only  
one box.

## Exemptions

- 6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a.
- b ☒ Spouse.
- c Dependents:
- | (1) First name | Last name | (2) Dependent's social security number | (3) Dependent's relationship to you | (4) <input checked="" type="checkbox"/> if qualifying child for child tax credit (see instrs) |
|----------------|-----------|--|-------------------------------------|---|
| ELENA          | TAVAKOLI  |  | DAUGHTER                            | <input type="checkbox"/>  |
|                | K. T.     |  | DAUGHTER                            | <input checked="" type="checkbox"/>   |
- No. of children on 6c who:
- ☒ lived with you. .... 2
  - ☐ did not live with you due to divorce or separation (see instrs). ....
- Dependents on 6c not entered above. ....
- Add numbers on lines above. .... 4
- d Total number of exemptions claimed. .... 4

If more than  
four dependents,  
see instructions.

## Income

Attach Form(s)  
W-2 here. Also  
attach Forms  
W-2G and 1099-R  
if tax was withheld.If you did not  
get a W-2,  
see instructions.Enclose, but do  
not attach, any  
payment. Also,  
please use  
Form 1040-V.

- 7 Wages, salaries, tips, etc. Attach Form(s) W-2. .... 7 29,481.
- 8a Taxable interest. Attach Schedule B if required. .... 8a
- b Tax-exempt interest. Do not include on line 8a. .... 8b
- 9a Ordinary dividends. Attach Schedule B if required. .... 9a
- b Qualified divs (see instrs) .... 9b
- 10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions). .... 10
- 11 Alimony received. .... 11
- 12 Business income or (loss). Attach Schedule C or C-EZ. .... 12 675.
- 13 Capital gain or (loss). Att Sch D if reqd. If not reqd, ck here. ☐ .... 13
- 14 Other gains or (losses). Attach Form 4797. .... 14
- 15a IRA distributions. .... 15a b Taxable amount (see instrs). .... 15b
- 16a Pensions and annuities .... 16a b Taxable amount (see instrs). .... 16b
- 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E. .... 17
- 18 Farm income or (loss). Attach Schedule F. .... 18
- 19 Unemployment compensation .... 19
- 20a Social security benefits .... 20a b Taxable amount (see instrs). .... 20b
- 21 Other income .... 21
- 22 Add the amounts in the far right column for lines 7 through 21. This is your total income. .... 22 30,156.
- 23 Educator expenses (see instructions) .... 23
- 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ. .... 24
- 25 Health savings account deduction. Attach Form 8889. .... 25
- 26 Moving expenses. Attach Form 3903. .... 26
- 27 One-half of self-employment tax. Attach Schedule SE. .... 27 48.
- 28 Self-employed SEP, SIMPLE, and qualified plans. .... 28
- 29 Self-employed health insurance deduction (see instructions) .... 29
- 30 Penalty on early withdrawal of savings. .... 30
- 31a Alimony paid b Recipient's SSN. .... 31a
- 32 IRA deduction (see instructions) .... 32
- 33 Student loan interest deduction (see instructions) .... 33
- 34 Tuition and fees deduction (see instructions) .... 34
- 35 Domestic production activities deduction. Attach Form 8903. .... 35
- 36 Add lines 23 - 31a and 32 - 35. .... 36 48.
- 37 Subtract line 36 from line 22. This is your adjusted gross income. .... 37 30,108.

Adjusted  
Gross  
Income

BAA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see instructions.

FDIA0103L 11/07/05

Form 1040 (2005)

TAV000081

# Exhibit 8



***JOHN D. FOUNTAINE, M.A., C.R.C., C.C.M***

OSC Vocational Systems, Inc.  
10132 N.E. 185th Street  
Bothell, WA 98011  
Telephone: (425) 486-4040 x5223 Fax: (425) 486-8701  
[john@osc-voc.com](mailto:john@osc-voc.com)

**EDUCATION**

University of Northern Colorado, Greeley, Colorado, **Master's of Arts in Vocational Rehabilitation Counseling**, 1992

University of Northern Colorado, Greeley, Colorado, **Bachelor of Science in Human Rehabilitative Services**, 1991

Department of Human Resources Departmental Scholar Award recipient, 1991

**CERTIFICATIONS**

**Certified Rehabilitation Counselor** (C.R.C. #20725), Commission on Rehabilitation Counselor Certification, Martingale, Illinois

**Certified Case Manager** (C.C.M. #031550), Commission for Case Manager Certification, Martingale, Illinois

**Vocational Expert for the Social Security Administration** (BPA #0230), Seattle, Washington

**Registered Vocational Rehabilitation Counselor with Washington State Department of Labor and Industries**, (VRC #8602), Olympia, Washington

**Registered Vocational Rehabilitation Counselor with the State of Alaska Department of Labor, Workers' Compensation Division**, Anchorage, Alaska

**Certified Vocational Rehabilitation Counselor with the Oregon Workers' Compensation Division** (Certification #AJ0538)

**Registered Vocational Rehabilitation Counselor with the Department of Veterans Affairs** (Certification #346-465), Seattle, Washington

**EMPLOYMENT HISTORY**

**4/94 - Present:** OSC Vocational Systems, Inc., Bothell, Washington

**Rehabilitation Counselor/Case Manager**

- \* Provide vocational rehabilitation services as a subcontractor for Washington State Department of Labor & Industries and the State of Alaska Department of Workers Compensation, including case management, vocational assessment, vocational rehabilitation plan development, implementation and monitoring.
- \* Provide vocational rehabilitation services as a contract counselor for the Department of Veteran's Affairs, evaluating employment potential, independent living support, and service needs, for veterans with service-connected disabilities.
- \* Provide vocational assessments, recommendations and testimony for private attorneys in civil litigation cases in Washington State, California, Oregon, Alaska, and Hawaii.
- \* Provide expert opinion and testimony for the Social Security Administration Office of Hearings and Appeals in Washington State and Oregon.
- \* Complete specialized vocational research, including labor market access to local, state and national labor market information and assess injury impact on wage earning capacity.
- \* Administer and interpret psychometric testing materials.
- \* Assist clients with job development, resume preparation and placement.
- \* Life Care Planning.
- \* Case Management Services.

**Rehabilitation Counselor/Case Manager/Branch Manager, Skagit and Whatcom Counties: 4/94 - 4/98**

- \* Provide vocational rehabilitation services as a subcontractor for Washington State Department of Labor & Industries and the State of Alaska Department of Workers Compensation, including case management, vocational assessment, vocational rehabilitation plan development, implementation and monitoring.
- \* Provide vocational rehabilitation services as a contract counselor for the Department of Veteran's Affairs, evaluating employment potential, independent living support, and service needs, for veterans with service-connected disabilities.
- \* Provide vocational rehabilitation services for the Office of the City Attorney, City of Bellingham, Bellingham, Washington.
- \* Provide vocational assessments and recommendations for private attorneys in civil litigation cases in Washington State, Alaska, and Hawaii.
- \* Provide vocational expert opinions in civil litigations, arbitrations, and mediations.
- \* Provide vocational expert opinions for the Social Security Administration's Office of Hearings and Appeals Washington and Oregon, Washington State Board of Industrial Appeals, Washington State Court, and U.S. District Court in Seattle, WA, and Honolulu, Hawaii.
- \* Complete specialized vocational research, including labor market access to local, state and national labor market information and assess loss of wage earning capacity.
- \* Advise, coordinate and direct activities of Vocational Rehabilitation Counselors and Job Developers.
- \* Administer and interpret psychometric testing materials.
- \* Assist with job development, resume preparation and client placement.

**2/93 - 4/94: Vocational Consulting, Inc., Tacoma, Washington**

**Vocational Rehabilitation Counselor**

- \* Provided vocational rehabilitation services as a subcontractor for the Washington State Department of Labor & Industries.
- \* Evaluated qualifications for employability of injured worker and implementation of rehabilitation plans.
- \* Administered and interpreted psychometric testing materials.
- \* Assisted clients in job development, resume preparation and client placement.
- \* Completed specialized vocational research, including labor market access to local state and national labor market information and assessed loss of wage earning capacity.
- \* Assisted in the supervision of vocational rehabilitation counselor interns.

**5/92 - 8/92: Center for Technical Assistance in Training, Greeley, Colorado**

**Research Assistant - Master's Internship in Vocational Rehabilitation Counseling**

- \* Designed and implemented a community-based research study on disabled clients' satisfaction with employment.
- \* Implemented survey design, performed client interviews, analyzed research data, and completed written reports.

**5/91 - 12/91: Schaffer Rehabilitation Center, Greeley, Colorado.**

**Case Manager, Job Coach and Trainer - Internship for Bachelor of Science degree in Human Rehabilitation Services**

- \* Provided vocational rehabilitation counseling and job coaching to persons with severe disabilities.
- \* Duties included: skill development and client placement, psychometric testing, development of vocational rehabilitation plans, systematic instruction and evaluation, as well as training and supervision of job coaches.



**PERTINENT CONTINUING EDUCATION / PUBLICATIONS**

Fountaine J., et al; (Presenter) American Rehabilitation Economics Association (AREA) Conference, **Determining the Reasonableness of Past Medical Bills, and Case Manager/Life Care Plan Interactive with Economist**, Santa Barbara, CA, 9/30/11.

Fountaine, J., et al; (Presenter) American Rehabilitation Economics Association (AREA) Annual Conference 2011, **Determining the Reasonableness of Past Medical Bills**, Seattle, WA, 6/9/11.

Guest lecturer, Seattle University School of Law - Forensics class, **Vocational Rehabilitation, Case Management and Life Care Planning Expert Testimony**, Sullivan Hall - Room 101, April, 2011, Seattle, Washington.

Fountaine, J., et al; **Past Medical Bill Review: Who is Best Qualified to Determine the Reasonableness of Costs?**, Trial News, September 2010.

Guest lecturer, Seattle University School of Law - Forensics class, **Vocational Rehabilitation, Case Management and Life Care Planning Expert Testimony**, Sullivan Hall - Room 101, April, 2010, Seattle, Washington.

Speaker, **Preconference Thinking Outside the Box: Anatomy of a Case and Special Considerations, Part 3 of 3**, International Association of Rehabilitation Professionals (IARP) Conference October 29, 2009, Memphis, Tennessee.

Fountaine J., et al, (2009), **Bereavement and Mortality: A Methodology for Assessing Capacity and Functioning Following the Loss of a Spouse**, Journal of Life Care Planning, Vol. 7, No. 4, 163-179. Athens, GA: Elliott & Fitzpatrick, Inc.

Speaker, **"Worklife Expectancy and Life Expectancy Data, Methodology and Thinking Outside the Box – Effects on Earning Capacity Assessments and Life Care Plans,"** International Association of Rehabilitation Professionals (IARP), October 30, 2008, Weston Florida.

Fountaine, J. et al, (2008), Contributor to the **CDMS Study Guide, 5<sup>th</sup> Edition**. Athens, GA: Elliott & Fitzpatrick, Inc.

Fountaine, J. et al, (2007), Contributor to the **Workers' Compensation Update**. Eau Claire, WI, Lorman Education Services.

Fountaine, J. et al, (2007), **Rules of Evidence vs. Professional Certifications: The Real Basis for Establishing Admissible Testimony by Rehabilitation Counselors and Case Managers**. The Rehabilitation Professional, Vol. 15, No. 4, 7-16. Athens, GA: Elliott & Fitzpatrick, Inc.

Speaker, **"Earning Capacity Data, Methodology and Thinking Outside the Box,"** International Association of Rehabilitation Professionals (IARP), 2007 National Conference, November 1, 2007, Las Vegas, Nevada.

Speaker, **"Applied Methodology in Vocational Rehabilitation,"** International Association of Rehabilitation Professionals (IARP), 2006 Washington Chapter Conference, September 30, 2006, Tacoma, Washington.

**"Conference for Advanced Studies in Forensic Rehabilitation,"** International Association of Rehabilitation Professionals (IARP), January 23-27, 2006, Montego Bay, Jamaica.

Fountaine, J. (2006). Contributor to **Methods and Protocols, Meeting the Criteria of General Acceptance and Peer Review Under Daubert and Kumho**. Athens, GA: Elliott & Fitzpatrick, Inc.

Fountaine, J. (2005). Contributor to **The Quick Desk Reference for Forensic Rehabilitation Consultants**. Athens, GA: Elliott & Fitzpatrick, Inc.

Speaker, **"Successful Handling Of Wrongful Death Cases in Washington,"** Lorman Educational Services, March 22, 2005, Seattle, Washington.

Speaker, **"Life Care Planning in Washington,"** Lorman Educational Services, October 14, 2004, Seattle, Washington.



**PERTINENT CONTINUING EDUCATION / PUBLICATIONS (cont.)**

Fountaine, J. et al, (2004), **The Efficacy of Professional Clinical Judgment: Developing Expert Testimony in Cases Involving Vocational Rehabilitation and Care Planning Issues**, Journal of Life Care Planning, Vol. 3, No. 3, 131-150. Athens, GA: Elliott & Fitzpatrick, Inc.

Speaker, Rehabilitation Association of Montana (R.A.M.), 2004 Spring Conference, April 29-30, Missoula, Montana.

Fountaine, J. & Petgrave, C., (2004), **Book Review**, Wolfesberger, W., The Future of Children with Significant Impairments: What Parents Fear and Want, and What They and Others May Be Able to Do About It, Journal of Life Care Planning, Vol. 3, No. 1, 55-56. Athens, GA: Elliott & Fitzpatrick, Inc.

Fountaine, J. (2002). Contributor to **Approaches to estimating lost earnings: Strategies for the rehabilitation consultant**. Athens, GA: Elliott & Fitzpatrick, Inc.

Fountaine, J. (2001). Contributor to **Comprehensive Study Guide for the examinations of Certification of Disability Management Specialist (CDMS), Case Manager Certification (CCM), Certified Life Care Planner (CLCP)**. Athens, GA: Elliott & Fitzpatrick, Inc.

**Issues in Forensic Rehabilitation**, Elliott & Fitzpatrick, Inc., September 28 & 29, 2000, New Orleans, LA.

**Vocational Rehabilitation and Counseling Contractor Training**, U.S. Department of Veterans Affairs, Vocational Rehabilitation Division, Seattle Washington, October, 1999

Speaker, "**Understanding Brain Injury**," Washington State Convention and Trade Center, May 14, 1999, Seattle, Washington.

**Case Management By The Year 2000**, Western Regional Case Managers Meeting, May 1-3, 1998, Palm Springs, California.

Speaker, "**Emerging Vocational and Economic Issues in Legal Assessments**," Whatcom County Bar Association, February 5, 1997, Bellingham, Washington.

"**Getting Started as a Vocational Expert**," National Association of Rehabilitation Professionals in the Private Sector, Forensic Section Seminar, July 12-13, 1996, Snowbird Ski & Summer Resort, Salt Lake City, Utah.

"**Sailing Into the Future**," Pacific Regional Conference sponsored by National Rehabilitation Association, June 6-8, 1996, Honolulu, Hawaii.

"**Moving Outside Your Comfort Zone**," Vocational Expert Witness Seminar sponsored by National Association of Service Providers in Private Rehabilitation and National Rehabilitation Counseling Association, March 30, 1996, Tacoma, Washington.

"**Supervising in the Field of Vocational Rehabilitation**," sponsored by National Association of Rehabilitation Professionals in the Private Sector, March 22 and 23, 1996, Tukwila, Washington.

"**The Use, Questioning, and Testimony of Vocational Experts**," sponsored by Social Security Administration Office of Hearings and Appeals, October 20, 1995, Seattle, Washington.

"**Contractor Training**," sponsored by Department of Veterans Affairs, Vocational Rehabilitation & Counseling Services, September 26, 1995, Seattle, Washington.

"**Job Modification Technology Fair**," sponsored by Washington State Department of Labor and Industries, September 18, 1995, Olympia, Washington.

"**Contracted Provider Training**," sponsored by Washington State Department of Labor and Industries, July 28, 1995, Olympia, Washington.



**AFFILIATIONS**

International Academy of Life Care Planners (IALCP)

International Association of Rehabilitation Professionals (IARP)

National Rehabilitation Association (NRA)

National Rehabilitation Counseling Association (NRCA)

Faculty Member, **Lorman Education Services**

Editorial Board Member, **Forensic Rehabilitation and Economics – A Journal of Debate and Discussion**

# Exhibit 9



UNITED STATES DISTRICT COURT  
WESTERN DISTRICT OF WASHINGTON

---

HOSSEIN TAVAKOLI and POURANDOK )  
SHAHNIAN, a married couple, and )  
the marital community composed )  
thereof, )  
Plaintiffs, ) 2:11-cv-01587-RAJ  
vs. )  
ALLSTATE PROPERTY and CASUALTY )  
INSURANCE COMPANY, an Illinois )  
Company Doing Business in the )  
State of Washington, )  
Defendant. )

---

VIDEOTAPED 30 (b) (6) DEPOSITION UPON ORAL EXAMINATION OF  
ALLSTATE PROPERTY AND CASUALTY INSURANCE COMPANY  
LINDA KAYE ANDERSON

---

9:05 a.m.

AUGUST 16, 2012

1001 FOURTH AVENUE PLAZA, SUITE 4500

SEATTLE, WASHINGTON

REPORTED BY: LORRIE R. CHINN, RPR, CCR 1902

1 the -- is also an insured under the Allstate policy in  
2 this case?

3 A. Yes. She's also an insured, yes.

4 Q. And you understand that she is making a claim  
5 for damages in this case as well?

6 A. I understand that she's now making a claim,  
7 yes.

8 Q. All right. And you understand that there is  
9 an open UIM claim arising out of the incident that  
10 we've just discussed at this time?

11 A. Yes. The claim is open.

12 Q. And that Allstate is continuing to consider  
13 additional information at this time?

14 A. Yeah. The claim is open.

15 Q. When you say, "The claim is open," what do you  
16 mean by that?

17 A. It's an ongoing claim.

18 Q. Okay.

19 A. It's being investigated and I understand it's  
20 in litigation.

21 Q. Okay. All right. Let me back up for a minute  
22 and ask you where you're employed now?

23 A. I'm employed with Allstate.

24 Q. Okay. And what's your business address?

25 A. 18911 North Creek Parkway, Suite 201, Bothell,



# Exhibit 10

UNITED STATES DISTRICT COURT  
WESTERN DISTRICT OF WASHINGTON

HOSSEIN TAVAKOLI and POURANDOK  
SHAHNIAN, a married couple, and the marital  
community composed thereof,

Plaintiff,

vs. Case No.2:11-CV-01587-RAJ  
ALLSTATE PROPERTY and Casualty  
Insurance Company, an Illinois  
company doing business in the State  
of Washington.

Defendant.

---

VIDEO DEPOSITION OF:  
TONY WYCHE

---

10:00 a.m.

July 19, 2012  
1001 4th Avenue Plaza, Suite 4500, Seattle, Washington

REPORTED BY: Katherine Mac Donell, CCR#2206



1 TONY WYCHE,  
2 sworn as a witness by the Certified Court  
3 Reporter, testified as follows,  
4 EXAMINATION

5 BY MR. OLIVE:

6 Q. Good morning, sir.

7 A. Good morning.

8 Q. Please tell us your name.

9 A. Tony Wyche.

10 Q. And do you have some understanding about why  
11 you're being deposed here today?

12 A. Yes.

13 Q. Is the claim in this case still open?

14 A. Yes.

15 Q. And is it your understanding that Allstate is  
16 still considering new information with regard to the  
17 adjustment of this claim?

18 A. Yes.

19 Q. Is -- is it your understanding that Allstate  
20 is still investigating this claim?

21 A. Yes.

22 Q. As of today's date, what is your understanding  
23 of Allstate's valuation of the underinsured motorist  
24 claim in this case?

25 MR. SKOK: I'll object to the form.